

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****FORM C/OH  
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE # 1 of 77
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Peter	MI
	NICKNAME	LAST Brown	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6524 San Felipe PMB 447 Houston, TX 77057		
	5 CAMPAIGN TREASURER NAME		
MS / MRS / MR Mr.		FIRST Fred	MI
NICKNAME		LAST Zeidman	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7670 Woodway Suite 110 Houston, TX 77063		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (713) 978-7701		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 01/01/2006    06/30/2006		
10 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) Houston City Council Pos. 1		12 OFFICE SOUGHT (if known)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS  <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2****14 C/OH NAME** Brown, Peter (Mr.)**15 ACCOUNT #** (Ethics Commission filers)  
00000001**16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE****COMMITTEE NAME**☐ **GENERAL****COMMITTEE ADDRESS**☐ **SPECIFIC****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 CONTRIBUTION  
TOTALS**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

50.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

54,385.00

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

893.13

4. TOTAL POLITICAL EXPENDITURES

\$

34,052.44

**CONTRIBUTION  
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE  
LAST DAY OF THE REPORTING PERIOD

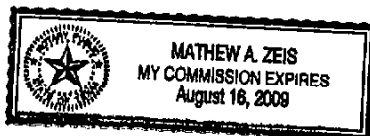
\$

55,682.00

**OUTSTANDING  
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

0.00

**18 AFFIDAVIT**I swear, or affirm, under penalty of perjury, that the accompanying report  
is true and correct and includes all information required to be reported by  
me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Peter Brown, this the 17 day  
of July, 20 06, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Matthew A. Zeis

Print name of officer administering oath

Notary

Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 1/43 Report: 3/77

**2 FILER NAME** Brown, Peter (Mr.)**3 ACCOUNT #** (Ethics Commission filers)

00000001

**4 Date**

03/04/2006

**5 Full name of contributor** ☐ out-of-state PAC(ID# \_\_\_\_\_)  
3 D/I PAC**6 Contributor address; City; State; Zip Code**  
[REDACTED]**7 Amount of  
contribution (\$)**

\$1,000.00

**8 Principal occupation / Job title (See Instructions)****9 Employer (See Instructions)****10 In-kind contribution**☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel****4 Date**



03/02/2006

**5 Full name of contributor** ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Allen, Edward**6 Contributor address; City; State; Zip Code**  
[REDACTED]**7 Amount of  
contribution (\$)**

\$2,500.00

**8 Principal occupation / Job title (See Instructions)****9 Employer (See Instructions)****10 In-kind contribution**☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel**

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/43 Report: 4/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allen, Joe  6 Contributor address; City; State; Zip Code 		7 Amount of contribution (\$)  \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date  02/21/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Allison, Lester  6 Contributor address; City; State; Zip Code 		7 Amount of contribution (\$)  \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 3/43 Report: 5/77	
2 FILER NAME Brown, Peter (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Andrews Kurth Texas PAC			7 Amount of contribution (\$)  \$1,000.00	
	6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Asakura, Keiji			7 Amount of contribution (\$)  \$500.00	
	6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 4/43 Report: 6/77	
2 FILER NAME Brown, Peter (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/28/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) AT&T Employees PAC			7 Amount of contribution (\$)  \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Atlas, Scott			7 Amount of contribution (\$)  \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 5/43 Report: 7/77	
2 FILER NAME Brown, Peter (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/16/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Box, James			7 Amount of contribution (\$)  \$200.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  03/02/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bracewell & Giuliani Committee			7 Amount of contribution (\$)  \$1,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				<b>1</b> PAGE # Schedule: 6/43 Report: 8/77	
<b>2</b> FILER NAME Brown, Peter (Mr.)				<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
<b>4</b> Date  02/24/2006	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Brady, Gerald			<b>7</b> Amount of contribution (\$)  \$500.00	
<b>6</b> Contributor address; City; State; Zip Code [REDACTED]					
<b>8</b> Principal occupation / Job title (See Instructions)			<b>9</b> Employer (See Instructions)		
<b>10</b> In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			<b>11</b> In-kind description (if applicable)		
<b>12</b> Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
<b>13</b> Departure city / location		<b>14</b> Departure date	<b>15</b> Destination city / location		<b>16</b> Arrival date
<b>17</b> Means of transportation			<b>18</b> Purpose of travel		
<b>4</b> Date  03/04/2006	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Bricker, Alan			<b>7</b> Amount of contribution (\$)  \$500.00	
<b>6</b> Contributor address; City; State; Zip Code [REDACTED]					
<b>8</b> Principal occupation / Job title (See Instructions)			<b>9</b> Employer (See Instructions)		
<b>10</b> In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			<b>11</b> In-kind description (if applicable)		
<b>12</b> Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
<b>13</b> Departure city / location		<b>14</b> Departure date	<b>15</b> Destination city / location		<b>16</b> Arrival date
<b>17</b> Means of transportation			<b>18</b> Purpose of travel		



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 7/43 Report: 9/77

**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date

03/04/2006

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Brown, Peter**6** Contributor address; City; State; Zip Code  
[REDACTED]**7** Amount of  
contribution (\$)

\$3,500.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

03/04/2006

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Brown, Peter**6** Contributor address; City; State; Zip Code  
[REDACTED]**7** Amount of  
contribution (\$)

\$35.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 8/43 Report: 10/77

**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date

02/24/2006

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Bruhns, Rudolph**6** Contributor address; City; State; Zip Code  
[REDACTED]**7**Amount of  
contribution (\$)

\$1,000.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

02/24/2006

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Burney, Zinetta**6** Contributor address; City; State; Zip Code  
[REDACTED]**7**Amount of  
contribution (\$)

\$250.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1 PAGE #</b> Schedule: 9/43 Report: 11/77	
<b>2 FILER NAME</b> Brown, Peter (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000001	
<b>4 Date</b>  02/08/2006	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Carter, Darryl  <b>6 Contributor address; City; State; Zip Code</b> [REDACTED]	<b>7 Amount of contribution (\$)</b>  \$250.00	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		<b>11 In-kind description (if applicable)</b>	
<b>12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)</b>			
<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
<b>17 Means of transportation</b>		<b>18 Purpose of travel</b>	
<b>4 Date</b>  03/04/2006	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Carter, Darryl  <b>6 Contributor address; City; State; Zip Code</b> [REDACTED]	<b>7 Amount of contribution (\$)</b>  \$500.00	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		<b>11 In-kind description (if applicable)</b>	
<b>12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)</b>			
<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
<b>17 Means of transportation</b>		<b>18 Purpose of travel</b>	

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #  
Schedule: 10/43 Report: 12/77

2 FILER NAME Brown, Peter (Mr.)

3 ACCOUNT # (Ethics Commission filers)  
00000001

4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) CenterPoint Energy PAC	7 Amount of contribution (\$)  \$1,000.00
6 Contributor address; City; State; Zip Code [REDACTED]		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	11 In-kind description (if applicable)
--	--

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
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4 Date  02/16/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Chandler, Steve	7 Amount of contribution (\$)  \$250.00
6 Contributor address; City; State; Zip Code [REDACTED]		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	11 In-kind description (if applicable)
--	--

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
------------------------------	-------------------	--------------------------------	-----------------

17 Means of transportation	18 Purpose of travel
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 11/43 Report: 13/77	
2 FILER NAME Brown, Peter (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/28/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Chapman, D. F.			7 Amount of contribution (\$)  \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Clifford, Cindy			7 Amount of contribution (\$)  \$100.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 12/43 Report: 14/77	
2 FILER NAME Brown, Peter (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Coats, Rose PAC  6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$)  \$1,000.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  01/27/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Continental Airlines, Inc Employee Fund for a Better America PAC  6 Contributor address; City; State; Zip Code [REDACTED]			7 Amount of contribution (\$)  \$2,500.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1 PAGE #</b> Schedule: 13/43 Report: 15/77	
<b>2 FILER NAME</b> Brown, Peter (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000001	
<b>4 Date</b>  03/04/2006	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Dickey, W. T.  <b>6 Contributor address:</b> City; State; Zip Code [REDACTED]	<b>7 Amount of contribution (\$)</b>  \$500.00	
<b>8 Principal occupation / Job title</b> (See Instructions)		<b>9 Employer</b> (See Instructions)	
<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		<b>11 In-kind description</b> (if applicable)	
<b>12 Name of person(s) traveling on whose behalf the travel was accepted</b> (attach additional pages if necessary)			
<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
<b>17 Means of transportation</b>		<b>18 Purpose of travel</b>	
<b>4 Date</b>  03/02/2006	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Duncan, C. W.  <b>6 Contributor address:</b> City; State; Zip Code [REDACTED]	<b>7 Amount of contribution (\$)</b>  \$500.00	
<b>8 Principal occupation / Job title</b> (See Instructions)		<b>9 Employer</b> (See Instructions)	
<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		<b>11 In-kind description</b> (if applicable)	
<b>12 Name of person(s) traveling on whose behalf the travel was accepted</b> (attach additional pages if necessary)			
<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
<b>17 Means of transportation</b>		<b>18 Purpose of travel</b>	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 14/43 Report: 16/77

**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date

03/04/2006

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Frenkel, Allan**6** Contributor address; City; State; Zip Code  
[REDACTED]**7** Amount of  
contribution (\$)

\$500.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

03/02/2006

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Fulbright & Jaworski, L.L.P. Texas Committee**6** Contributor address; City; State; Zip Code  
[REDACTED]**7** Amount of  
contribution (\$)

\$1,000.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 15/43 Report: 17/77

**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Garver, C. M.**7** Amount of  
contribution (\$)

02/08/2006

**6** Contributor address; City; State; Zip Code  
[REDACTED]

\$1,000.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Gissel, L. Henry**7** Amount of  
contribution (\$)

02/24/2006

**6** Contributor address; City; State; Zip Code  
[REDACTED]

\$250.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 16/43 Report: 18/77	
2 FILER NAME Brown, Peter (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/28/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Glassell, Alfred			7 Amount of contribution (\$)  \$1,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  03/04/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Goodman, Barry			7 Amount of contribution (\$)  \$500.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 17/43 Report: 19/77

**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date

02/22/2006

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Greater Houston Builders Association (HOME-PAC)**6** Contributor address; City; State; Zip Code  
[REDACTED]**7** Amount of  
contribution (\$)

\$250.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

02/24/2006

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Greenwood, James**6** Contributor address; City; State; Zip Code  
[REDACTED]**7** Amount of  
contribution (\$)

\$100.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 18/43 Report: 20/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/09/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Haley, Anthony  6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$)  \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date  02/08/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Haukoht, Mark  6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$)  \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 19/43 Report: 21/77	
2 FILER NAME Brown, Peter (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  03/03/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Heaney, J. David			7 Amount of contribution (\$)  \$2,000.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  02/16/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hermis, Henry			7 Amount of contribution (\$)  \$250.00	
6 Contributor address; City; State; Zip Code [REDACTED]					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 20/43 Report: 22/77

**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date

02/24/2006

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Hill, James**6** Contributor address; City; State; Zip Code  
[REDACTED]**7** Amount of  
contribution (\$)

\$100.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

03/04/2006

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Hill, William**6** Contributor address; City; State; Zip Code  
[REDACTED]**7** Amount of  
contribution (\$)

\$2,500.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 21/43 Report: 23/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/15/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Horne, Howard  6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$)  \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date  03/04/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston Apartment Association Better Government Fund  6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$)  \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 22/43 Report: 24/77	
2 FILER NAME Brown, Peter (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston Contractors PAC (HOU CON)			7 Amount of contribution (\$)  \$500.00	
	6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  02/17/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston Fire Fighters PAC			7 Amount of contribution (\$)  \$3,000.00	
	6 Contributor address; City; State; Zip Code [REDACTED]				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 23/43 Report: 25/77	
<b>2</b> FILER NAME Brown, Peter (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
<b>4</b> Date  03/04/2006	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jamail, James  <b>6</b> Contributor address; City; State; Zip Code [REDACTED]		<b>7</b> Amount of contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
<b>10</b> In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		<b>11</b> In-kind description (if applicable)	
<b>12</b> Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
<b>13</b> Departure city / location	<b>14</b> Departure date	<b>15</b> Destination city / location	<b>16</b> Arrival date
<b>17</b> Means of transportation		<b>18</b> Purpose of travel	
<b>4</b> Date  02/24/2006	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jefferson, Howard  <b>6</b> Contributor address; City; State; Zip Code [REDACTED]		<b>7</b> Amount of contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
<b>10</b> In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		<b>11</b> In-kind description (if applicable)	
<b>12</b> Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
<b>13</b> Departure city / location	<b>14</b> Departure date	<b>15</b> Destination city / location	<b>16</b> Arrival date
<b>17</b> Means of transportation		<b>18</b> Purpose of travel	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 24/43 Report: 26/77

**2 FILER NAME** Brown, Peter (Mr.)**3 ACCOUNT #** (Ethics Commission filers)

00000001

**4 Date****5 Full name of contributor** ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Johnson, Larry**7 Amount of  
contribution (\$)**

02/28/2006

**6 Contributor address; City; State; Zip Code**  
[REDACTED]

\$1,000.00

**8 Principal occupation / Job title (See Instructions)****9 Employer (See Instructions)****10 In-kind contribution**☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel****4 Date****5 Full name of contributor** ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Kiltz, John**7 Amount of  
contribution (\$)**

02/24/2006

**6 Contributor address; City; State; Zip Code**  
[REDACTED]

\$500.00

**8 Principal occupation / Job title (See Instructions)****9 Employer (See Instructions)****10 In-kind contribution**☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11 In-kind description (if applicable)****12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)****13 Departure city / location****14 Departure date****15 Destination city / location****16 Arrival date****17 Means of transportation****18 Purpose of travel**

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 25/43 Report: 27/77

2 FILER NAME Brown, Peter (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date

03/04/2006

5 Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
King, Darryl

6 Contributor address; City; State; Zip Code  
[REDACTED]

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

4 Date

03/04/2006

5 Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Lamberson-bell, Tomaro

6 Contributor address; City; State; Zip Code  
[REDACTED]

7 Amount of contribution (\$)

\$150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

10 In-kind contribution

☐ Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.

11 In-kind description (if applicable)

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location

14 Departure date

15 Destination city / location

16 Arrival date

17 Means of transportation

18 Purpose of travel

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				<b>1 PAGE #</b> Schedule: 26/43 Report: 28/77	
<b>2 FILER NAME</b> Brown, Peter (Mr.)				<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000001	
<b>4 Date</b>  03/04/2006	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Lanier, Odysseus  <b>6 Contributor address; City; State; Zip Code</b> [REDACTED]			<b>7 Amount of contribution (\$)</b>  \$250.00	
<b>8 Principal occupation / Job title (See Instructions)</b>			<b>9 Employer (See Instructions)</b>		
<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			<b>11 In-kind description (if applicable)</b>		
<b>12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)</b>					
<b>13 Departure city / location</b>		<b>14 Departure date</b>	<b>15 Destination city / location</b>		<b>16 Arrival date</b>
<b>17 Means of transportation</b>			<b>18 Purpose of travel</b>		
<b>4 Date</b>  03/03/2006	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Lents, Ann  <b>6 Contributor address; City; State; Zip Code</b> [REDACTED]			<b>7 Amount of contribution (\$)</b>  \$500.00	
<b>8 Principal occupation / Job title (See Instructions)</b>			<b>9 Employer (See Instructions)</b>		
<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			<b>11 In-kind description (if applicable)</b>		
<b>12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)</b>					
<b>13 Departure city / location</b>		<b>14 Departure date</b>	<b>15 Destination city / location</b>		<b>16 Arrival date</b>
<b>17 Means of transportation</b>			<b>18 Purpose of travel</b>		

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 27/43 Report: 29/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Locke Liddell & Sapp L.L.P. PAC  6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$)  \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Longoria, Janiece  6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$)  \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 28/43 Report: 30/77

**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Mach, Cora**7** Amount of  
contribution (\$)

02/28/2006

**6** Contributor address; City; State; Zip Code  
[REDACTED]

\$500.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Martinez, David**7** Amount of  
contribution (\$)

03/04/2006

**6** Contributor address; City; State; Zip Code  
[REDACTED]

\$1,000.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 29/43 Report: 31/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mobley, Richard  6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date  03/02/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Morris, Fan  6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 30/43 Report: 32/77

**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date

02/18/2006

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Morris, Suzanne**6** Contributor address; City; State; Zip Code  
[REDACTED]**7** Amount of  
contribution (\$)

\$250.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

02/24/2006

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Morris, William**6** Contributor address; City; State; Zip Code  
[REDACTED]**7** Amount of  
contribution (\$)

\$250.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 31/43 Report: 33/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Mullinax, Ronald  6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$)  \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Page-Pryde, Suzanne  6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #

Schedule: 32/43 Report: 34/77

**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Paull, J.**7** Amount of  
contribution (\$)

02/06/2006

**6** Contributor address; City; State; Zip Code  
[REDACTED]

\$250.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Reddish, Harold**7** Amount of  
contribution (\$)

03/04/2006

**6** Contributor address; City; State; Zip Code  
[REDACTED]

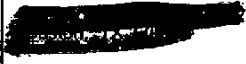

\$500.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1 PAGE #</b> Schedule: 33/43 Report: 35/77	
<b>2 FILER NAME</b> Brown, Peter (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000001	
<b>4 Date</b>  02/10/2006	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Redeker, Janet  <b>6 Contributor address; City; State; Zip Code</b> [REDACTED]	<b>7 Amount of contribution (\$)</b>  \$150.00	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		<b>11 In-kind description (if applicable)</b>	
<b>12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)</b>			
<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
<b>17 Means of transportation</b>		<b>18 Purpose of travel</b>	
<b>4 Date</b>  03/04/2006	<b>5 Full name of contributor</b> <input type="checkbox"/> out-of-state PAC(ID# _____) Reliant Energy PAC  <b>6 Contributor address; City; State; Zip Code</b> [REDACTED]	<b>7 Amount of contribution (\$)</b>  \$1,000.00	
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>10 In-kind contribution</b> <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		<b>11 In-kind description (if applicable)</b>	
<b>12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)</b>			
<b>13 Departure city / location</b>	<b>14 Departure date</b>	<b>15 Destination city / location</b>	<b>16 Arrival date</b>
<b>17 Means of transportation</b>		<b>18 Purpose of travel</b>	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 34/43 Report: 36/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robertson, James  6 Contributor address; City; State; Zip Code 		7 Amount of contribution (\$)  \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Robinson, Margaret  6 Contributor address; City; State; Zip Code 		7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 35/43 Report: 37/77

**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Ron, Avishai**7** Amount of  
contribution (\$)

03/03/2006

**6** Contributor address; City; State; Zip Code  
[REDACTED]

\$2,000.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Saour, Saib**7** Amount of  
contribution (\$)



02/24/2006

**6** Contributor address; City; State; Zip Code  
[REDACTED]

\$1,000.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 36/43 Report: 38/77	
2 FILER NAME Brown, Peter (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Scott, Thelma  6 Contributor address; City; State; Zip Code 			7 Amount of contribution (\$)  \$250.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Shanley, Kevin  6 Contributor address; City; State; Zip Code 			7 Amount of contribution (\$)  \$500.00	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.			11 In-kind description (if applicable)		
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)					
13 Departure city / location		14 Departure date	15 Destination city / location		16 Arrival date
17 Means of transportation			18 Purpose of travel		

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 37/43 Report: 39/77	
<b>2</b> FILER NAME Brown, Peter (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
<b>4</b> Date  02/24/2006	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Sreerama, Karunakar  ..... <b>6</b> Contributor address; City; State; Zip Code [REDACTED]		<b>7</b> Amount of contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
<b>10</b> In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		<b>11</b> In-kind description (if applicable)	
<b>12</b> Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
<b>13</b> Departure city / location	<b>14</b> Departure date	<b>15</b> Destination city / location	<b>16</b> Arrival date
<b>17</b> Means of transportation		<b>18</b> Purpose of travel	
<b>4</b> Date  02/24/2006	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Taub, Carolyn  ..... <b>6</b> Contributor address; City; State; Zip Code [REDACTED]		<b>7</b> Amount of contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
<b>10</b> In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		<b>11</b> In-kind description (if applicable)	
<b>12</b> Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
<b>13</b> Departure city / location	<b>14</b> Departure date	<b>15</b> Destination city / location	<b>16</b> Arrival date
<b>17</b> Means of transportation		<b>18</b> Purpose of travel	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 38/43 Report: 40/77

**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date

03/03/2006

**5** Full name of contributor  
Todd, Tyler☐ out-of-state PAC(ID# \_\_\_\_\_)**6** Contributor address; City; State; Zip Code  
[REDACTED]**7**Amount of  
contribution (\$)

\$100.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

02/24/2006

**5** Full name of contributor  
TSC Fund☐ out-of-state PAC(ID# \_\_\_\_\_)**6** Contributor address; City; State; Zip Code  
[REDACTED]**7**Amount of  
contribution (\$)

\$500.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel



**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 39/43 Report: 41/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/18/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ulmer, Kenneth  6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$)  \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Underwood, Harold  6 Contributor address; City; State; Zip Code [REDACTED]		7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 40/43 Report: 42/77

**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

<b>4</b> Date  03/01/2006	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wallace, Judy  <b>6</b> Contributor address; City; State; Zip Code [REDACTED]	<b>7</b> Amount of contribution (\$)  \$100.00
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<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
--	--------------------------------------

<b>10</b> In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	<b>11</b> In-kind description (if applicable)
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<b>12</b> Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)
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<b>13</b> Departure city / location	<b>14</b> Departure date	<b>15</b> Destination city / location	<b>16</b> Arrival date
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<b>17</b> Means of transportation	<b>18</b> Purpose of travel
-----------------------------------	-----------------------------

<b>4</b> Date  02/24/2006	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Watson, Allen  <b>6</b> Contributor address; City; State; Zip Code [REDACTED]	<b>7</b> Amount of contribution (\$)  \$250.00
---------------------------------	--	--

<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
--	--------------------------------------

<b>10</b> In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	<b>11</b> In-kind description (if applicable)
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<b>12</b> Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)
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<b>13</b> Departure city / location	<b>14</b> Departure date	<b>15</b> Destination city / location	<b>16</b> Arrival date
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<b>17</b> Means of transportation	<b>18</b> Purpose of travel
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 41/43 Report: 43/77

**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)

00000001

**4** Date

02/28/2006

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Weiss, Sid**6** Contributor address; City; State; Zip Code  
[REDACTED]**7** Amount of  
contribution (\$)

\$250.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel**4** Date

03/04/2006

**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Whaley, Larry**6** Contributor address; City; State; Zip Code  
[REDACTED]**7** Amount of  
contribution (\$)

\$1,000.00

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)**10** In-kind contribution☐ Check if in-kind contribution for travel outside Texas and  
complete boxes 12-18. Otherwise, complete box 11 if applicable.**11** In-kind description (if applicable)**12** Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)**13** Departure city / location**14** Departure date**15** Destination city / location**16** Arrival date**17** Means of transportation**18** Purpose of travel

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 42/43 Report: 44/77

2 FILER NAME Brown, Peter (Mr.)

3 ACCOUNT # (Ethics Commission filers)

00000001

4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wilson, Welcome	7 Amount of contribution (\$)  \$500.00
6 Contributor address; City; State; Zip Code [REDACTED]		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	11 In-kind description (if applicable)
--	--

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
----------------------------	----------------------

4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Winstead Sechrest & Minick PAC	7 Amount of contribution (\$)  \$1,000.00
6 Contributor address; City; State; Zip Code [REDACTED]		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.	11 In-kind description (if applicable)
--	--

12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)

13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
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17 Means of transportation	18 Purpose of travel
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**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 43/43 Report: 45/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Witson, John  6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$)  \$100.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	
4 Date  02/24/2006	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Yoo, Jason  6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$)  \$500.00	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
10 In-kind contribution <input type="checkbox"/> Check if in-kind contribution for travel outside Texas and complete boxes 12-18. Otherwise, complete box 11 if applicable.		11 In-kind description (if applicable)	
12 Name of person(s) traveling on whose behalf the travel was accepted (attach additional pages if necessary)			
13 Departure city / location	14 Departure date	15 Destination city / location	16 Arrival date
17 Means of transportation		18 Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 1/22 Report: 46/77	
<b>2</b> FILER NAME Brown, Peter (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
<b>4</b> Date  06/01/2006	<b>5</b> Payee name A & E Products Inc.  ..... <b>6</b> Payee address; City; State; Zip Code 1000 Main Houston, TX 77002	<b>7</b> Amount (\$)  \$222.70	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Printing  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  06/01/2006	<b>5</b> Payee name A & E Products Inc.  ..... <b>6</b> Payee address; City; State; Zip Code 1000 Main Houston, TX 77002	<b>7</b> Amount (\$)  \$164.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Printing  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/22 Report: 47/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/01/2006	5 Payee name A. Philip Randolph Institute  6 Payee address; City; State; Zip Code PO Box 1766 Sugar Land, TX 77487	7 Amount (\$)  \$85.00	
8 Purpose of payment (See instructions regarding type of information required.) Advertisement  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date  02/06/2006	5 Payee name Advarion Inc.  6 Payee address; City; State; Zip Code PO Box 540183 Houston, TX 77254	7 Amount (\$)  \$1,000.00	
8 Purpose of payment (See instructions regarding type of information required.) Website Setup  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 3/22 Report: 48/77**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date  
  
06/01/2006**5** Payee name  
Advarion Inc.**6** Payee address; City; State; Zip Code  
3121 Buffalo Speedway  
Suite 3405  
Houston, TX 77098**7** Amount  
(\$)  
  
\$2,675.95**8** Purpose of payment  
(See instructions regarding type of information required.)  
Laptop & Printer Purchase☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date  
  
02/09/2006**5** Payee name  
Antioch Missionary Baptist Church**6** Payee address; City; State; Zip Code  
3803 Luca St.  
Houston, TX 77021**7** Amount  
(\$)  
  
\$125.00**8** Purpose of payment  
(See instructions regarding type of information required.)  
Advertisement☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 4/22 Report: 49/77**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date  
  
06/01/2006**5** Payee name  
Artista**6** Payee address; City; State; Zip Code  
800 Bagby  
Houston, TX 77002**7** Amount  
(\$)  
  
\$54.00**8** Purpose of payment  
(See instructions regarding type of information required.)  
Campaign Meeting☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date  
  
06/16/2006**5** Payee name  
AT&T**6** Payee address; City; State; Zip Code  
PO Box 650661  
Dallas, TX 75265**7** Amount  
(\$)  
  
\$616.56**8** Purpose of payment  
(See instructions regarding type of information required.)  
Telephone☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 5/22 Report: 50/77**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  01/31/2006	<b>5</b> Payee name Buffalo Soldiers National Museum  <b>6</b> Payee address; City; State; Zip Code 1834 Southmore Blvd. Houston, TX 77004	<b>7</b> Amount (\$)  \$175.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Sponsorship**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date  02/07/2006	<b>5</b> Payee name Card Service International  <b>6</b> Payee address; City; State; Zip Code P.O.Box 5180 Simi Valley, CA 93062	<b>7</b> Amount (\$)  \$67.95
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Credit Card Processing Fees**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 6/22 Report: 51/77	
<b>2 FILER NAME</b> Brown, Peter (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000001	
<b>4 Date</b>  02/28/2006	<b>5 Payee name</b> Card Service International  <b>6 Payee address; City; State; Zip Code</b> P.O.Box 5180 Simi Valley, CA 93062	<b>7 Amount (\$)</b>  \$68.26	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Credit Card Processing Fees  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	
<b>4 Date</b>  03/07/2006	<b>5 Payee name</b> Card Service International  <b>6 Payee address; City; State; Zip Code</b> P.O.Box 5180 Simi Valley, CA 93062	<b>7 Amount (\$)</b>  \$68.26	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Credit Card Processing Fees  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 7/22 Report: 52/77	
<b>2</b> FILER NAME Brown, Peter (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
<b>4</b> Date  04/04/2006	<b>5</b> Payee name Card Service International  ..... <b>6</b> Payee address; City; State; Zip Code P.O.Box 5180 Simi Valley, CA 93062	<b>7</b> Amount (\$)  \$67.95	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Credit Card Processing Fees  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location
			<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  04/04/2006	<b>5</b> Payee name Card Service International  ..... <b>6</b> Payee address; City; State; Zip Code P.O.Box 5180 Simi Valley, CA 93062	<b>7</b> Amount (\$)  \$75.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Account Closure Fee  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location
			<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 PAGE #</b> Schedule: 8/22 Report: 53/77	
<b>2 FILER NAME</b> Brown, Peter (Mr.)		<b>3 ACCOUNT #</b> (Ethics Commission filers) 00000001	
<b>4 Date</b>  05/01/2006	<b>5 Payee name</b> Card Service International  <b>6 Payee address; City; State; Zip Code</b> P.O.Box 5180 Simi Valley, CA 93062	<b>7 Amount (\$)</b>  \$67.95	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Credit Card Processing Fees  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	
<b>4 Date</b>  01/01/2006	<b>5 Payee name</b> Cardenas, Max  <b>6 Payee address; City; State; Zip Code</b> 3811 Moore Houston, TX 77009	<b>7 Amount (\$)</b>  \$1,250.00	
<b>8 Purpose of payment</b> (See instructions regarding type of information required.) Contract Labor  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9 ** Complete if direct expenditure to benefit Candidate/Officeholder **</b> Candidate / Officeholder name:  Office sought: Office held:	
<b>10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)</b>			
<b>11 Departure city / location</b>	<b>12 Departure date</b>	<b>13 Destination city / location</b>	<b>14 Arrival date</b>
<b>15 Means of transportation</b>		<b>16 Purpose of travel</b>	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/22 Report: 54/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  01/20/2006	5 Payee name Cardenas, Max  ..... 6 Payee address; City; State; Zip Code 3811 Moore Houston, TX 77009	7 Amount (\$)  \$115.26	
8 Purpose of payment (See instructions regarding type of information required.) Mileage  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date  02/06/2006	5 Payee name Frame Work Inc.  ..... 6 Payee address; City; State; Zip Code 4914 Dickson Houston, TX 77009	7 Amount (\$)  \$100.00	
8 Purpose of payment (See instructions regarding type of information required.) Frames for Maps  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 10/22 Report: 55/77**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001**4** Date**5** Payee name  
Griffin, Kathryn**7** Amount  
(\$)

01/01/2006

**6** Payee address; City; State; Zip Code  
3911 Main St.  
Houston, TX 77002

\$147.55

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Travel Expenses**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel**4** Date**5** Payee name  
Griffin, Kathryn**7** Amount  
(\$)

02/06/2006

**6** Payee address; City; State; Zip Code  
3911 Main St.  
Houston, TX 77002

\$199.40

**8** Purpose of payment  
(See instructions regarding type of information required.)  
Office Supplies Reimbursement**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**11** Departure city / location**12** Departure date**13** Destination city / location**14** Arrival date**15** Means of transportation**16** Purpose of travel

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 11/22 Report: 56/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  02/18/2006	5 Payee name Jackson, Ron  6 Payee address; City; State; Zip Code 5718 Overdale Houston, TX 77033	7 Amount (\$)  \$500.00	
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date  02/16/2006	5 Payee name Kriss, Sandra  6 Payee address; City; State; Zip Code 3700 Almeda Houston, TX 77004	7 Amount (\$)  \$500.00	
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 12/22 Report: 57/77**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  05/08/2006	<b>5</b> Payee name KTSU  <b>6</b> Payee address; City; State; Zip Code 3100 Cleburne Houston, TX 77004	<b>7</b> Amount (\$)  \$500.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Advertisement**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date  01/01/2006	<b>5</b> Payee name Lone Star Strategies  <b>6</b> Payee address; City; State; Zip Code 7670 Woodway Suite110 Houston, TX 77063	<b>7</b> Amount (\$)  \$7,000.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Fundraising & Compliance**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:☐ Payment for travel outside Texas (complete boxes 10-16)

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/22 Report: 59/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  06/06/2006	5 Payee name Lone Star Strategies  6 Payee address; City; State; Zip Code 7670 Woodway Suite 110 Houston, TX 77063	7 Amount (\$)  \$600.00	
8 Purpose of payment (See instructions regarding type of information required.) Compliance  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date  02/01/2006	5 Payee name M. J. Khan Campaign  6 Payee address; City; State; Zip Code 55 Waugh Drive Suite 515 Houston, TX 77007	7 Amount (\$)  \$250.00	
8 Purpose of payment (See instructions regarding type of information required.) 2006 Leadership Luncheon  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 15/22 Report: 60/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  01/01/2006	5 Payee name Perez, Nora  6 Payee address; City; State; Zip Code 4542 Rusk Houston, TX 77023	7 Amount (\$)  \$284.00	
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date  05/08/2006	5 Payee name Perspectiva  6 Payee address; City; State; Zip Code 3401 Louisiana St. Suite 270 Houston, TX 77002	7 Amount (\$)  \$150.00	
8 Purpose of payment (See instructions regarding type of information required.) January Rent  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 16/22 Report: 61/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/08/2006	5 Payee name Perspectiva  6 Payee address; City; State; Zip Code 3401 Louisiana St. Suite 270 Houston, TX 77002	7 Amount (\$)  \$150.00	
8 Purpose of payment (See instructions regarding type of information required.) February Rent  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date  05/08/2006	5 Payee name Perspectiva  6 Payee address; City; State; Zip Code 3401 Louisiana St. Suite 270 Houston, TX 77002	7 Amount (\$)  \$150.00	
8 Purpose of payment (See instructions regarding type of information required.) March Rent  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location	12 Departure date	13 Destination city / location	14 Arrival date
15 Means of transportation		16 Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 17/22 Report: 62/77**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  04/01/2006	<b>5</b> Payee name Reliant Energy  <b>6</b> Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265	<b>7</b> Amount (\$)  \$61.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Electricity☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date  04/27/2006	<b>5</b> Payee name Reliant Energy  <b>6</b> Payee address; City; State; Zip Code PO Box 650475 Dallas, TX 75265	<b>7</b> Amount (\$)  \$148.99
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Electricity☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 18/22 Report: 63/77	
<b>2</b> FILER NAME Brown, Peter (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
<b>4</b> Date  01/03/2006	<b>5</b> Payee name SBC  <b>6</b> Payee address; City; State; Zip Code PO Box 650661 Dallas, TX 75265	<b>7</b> Amount (\$)  \$523.94	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Telephone  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location
			<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  01/30/2006	<b>5</b> Payee name SBC  <b>6</b> Payee address; City; State; Zip Code PO Box 650661 Dallas, TX 75265	<b>7</b> Amount (\$)  \$281.94	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Telephone  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location		<b>12</b> Departure date	<b>13</b> Destination city / location
			<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 19/22 Report: 64/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  03/15/2006	5 Payee name SBC  6 Payee address; City; State; Zip Code PO Box 650661 Dallas, TX 75265	7 Amount (\$)  \$338.96	
8 Purpose of payment (See instructions regarding type of information required.) Telephone  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date  03/21/2006	5 Payee name SBC  6 Payee address; City; State; Zip Code PO Box 650661 Dallas, TX 75265	7 Amount (\$)  \$338.96	
8 Purpose of payment (See instructions regarding type of information required.) Telephone  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 20/22 Report: 65/77**2** FILER NAME Brown, Peter (Mr.)**3** ACCOUNT # (Ethics Commission filers)  
00000001

<b>4</b> Date  06/06/2006	<b>5</b> Payee name Shamrock Communications  <b>6</b> Payee address; City; State; Zip Code 26 West Highland Ave Atlantic Highlands, NJ 07716	<b>7</b> Amount (\$)  \$85.00
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Phone Installation☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

<b>4</b> Date  01/20/2006	<b>5</b> Payee name South Belt-Ellington Leader  <b>6</b> Payee address; City; State; Zip Code 11555 Beamer Houston, TX 77089	<b>7</b> Amount (\$)  \$166.25
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**8** Purpose of payment  
(See instructions regarding type of information required.)  
Printing☐ Payment for travel outside Texas (complete boxes 10-16)**9** \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\*  
Candidate / Officeholder name:

Office sought:

Office held:

**10** Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)

<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> PAGE # Schedule: 21/22 Report: 66/77	
<b>2</b> FILER NAME Brown, Peter (Mr.)		<b>3</b> ACCOUNT # (Ethics Commission filers) 00000001	
<b>4</b> Date  06/16/2006	<b>5</b> Payee name Style Magazine  <b>6</b> Payee address; City; State; Zip Code 2646 S. Loop West Suite 270 Houston, TX 77054	<b>7</b> Amount (\$)  \$400.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Advertisement  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	
<b>4</b> Date  03/24/2006	<b>5</b> Payee name The Council on Alcohol  <b>6</b> Payee address; City; State; Zip Code 303 Jackson Hill Street Houston, TX 77007	<b>7</b> Amount (\$)  \$150.00	
<b>8</b> Purpose of payment (See instructions regarding type of information required.) Sponsorship  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		<b>9</b> ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
<b>10</b> Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
<b>11</b> Departure city / location	<b>12</b> Departure date	<b>13</b> Destination city / location	<b>14</b> Arrival date
<b>15</b> Means of transportation		<b>16</b> Purpose of travel	

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 22/22 Report: 67/77	
2 FILER NAME Brown, Peter (Mr.)		3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  03/16/2006	5 Payee name UPS Store  6 Payee address; City; State; Zip Code 6524 San Felipe Houston, TX 77057	7 Amount (\$)  \$92.50	
8 Purpose of payment (See instructions regarding type of information required.) Mail Box Rental  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	
4 Date  05/23/2006	5 Payee name UPS Store  6 Payee address; City; State; Zip Code 6524 San Felipe Houston, TX 77057	7 Amount (\$)  \$82.50	
8 Purpose of payment (See instructions regarding type of information required.) Mail Box Rental  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 10-16)		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:  Office sought: Office held:	
10 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)			
11 Departure city / location		12 Departure date	13 Destination city / location
			14 Arrival date
15 Means of transportation		16 Purpose of travel	

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 1/10 Report: 68/77	
2 FILER NAME Brown, Peter (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date  05/17/2006	5 Payee name Bennett, Virtle  6 Payee address; City; State; Zip Code 204 Travis Suite 2F Houston, TX 77002			7 Amount (\$)  \$1,600.00  <input type="checkbox"/> Reimbursement from political contributions intended	
8 Purpose of expenditure (See instructions regarding type of information required.) Campaign Newsletter  <input type="checkbox"/> Payment for travel outside Texas (complete boxes 9-15)					
9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
10 Departure city / location		11 Departure date	12 Destination city / location		13 Arrival date
14 Means of transportation			15 Purpose of travel		
4 Date  03/13/2006	5 Payee name Budget Rent-A-Car  6 Payee address; City; State; Zip Code 24050 East 78th Ave Denver, CO 80249			7 Amount (\$)  \$529.10  <input type="checkbox"/> Reimbursement from political contributions intended	
8 Purpose of expenditure (See instructions regarding type of information required.) (See travel info)  <input checked="" type="checkbox"/> Payment for travel outside Texas (complete boxes 9-15)					
9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) Brown, Peter					
10 Departure city / location Houston		11 Departure date 03/10/2006	12 Destination city / location Denver		13 Arrival date 03/13/2006
14 Means of transportation Car Rental			15 Purpose of travel Planning Meetings with Denver Mayor and City Council		

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/10 Report: 69/77	
2 FILER NAME Brown, Peter (Mr.)				3 ACCOUNT # (Ethics Commission filers) 00000001	
4 Date	5 Payee name (see previous)			7 Amount (\$)	
	6 Payee address; City; State; Zip Code			<input type="checkbox"/> Reimbursement from political contributions intended	
8 Purpose of expenditure (See instructions regarding type of information required.)					
<input checked="" type="checkbox"/> Payment for travel outside Texas (complete boxes 9-15)					
9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary) Williams, Damon					
10 Departure city / location Houston		11 Departure date 03/10/2006	12 Destination city / location Denver		13 Arrival date 03/13/2006
14 Means of transportation Car Rental			15 Purpose of travel Planning Meetings with Denver Mayor and City Council		
4 Date  03/07/2006	5 Payee name Cingular Wireless			7 Amount (\$)  \$216.49	
	6 Payee address; City; State; Zip Code PO Box 650574 Dallas, TX 75625			<input type="checkbox"/> Reimbursement from political contributions intended	
8 Purpose of expenditure (See instructions regarding type of information required.) Cell Phone					
<input type="checkbox"/> Payment for travel outside Texas (complete boxes 9-15)					
9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)					
10 Departure city / location		11 Departure date	12 Destination city / location		13 Arrival date
14 Means of transportation			15 Purpose of travel		

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 3/10 Report: 70/77

**2 FILER NAME** Brown, Peter (Mr.)**3 ACCOUNT #** (Ethics Commission filers)  
00000001

<b>4 Date</b>  06/01/2006	<b>5 Payee name</b> Cingular Wireless  <b>6 Payee address; City; State; Zip Code</b> PO Box 650574 Dallas, TX 75625	<b>7 Amount (\$)</b>  \$77.76  <input type="checkbox"/> Reimbursement from political contributions intended
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**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Cell Phone☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>10 Departure city / location</b>	<b>11 Departure date</b>	<b>12 Destination city / location</b>	<b>13 Arrival date</b>
<b>14 Means of transportation</b>		<b>15 Purpose of travel</b>	

<b>4 Date</b>  02/13/2006	<b>5 Payee name</b> Dominos Pizza  <b>6 Payee address; City; State; Zip Code</b> 1425 W Gray St Ste A Houston, TX 77019	<b>7 Amount (\$)</b>  \$107.00  <input type="checkbox"/> Reimbursement from political contributions intended
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**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Event Expenses☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>10 Departure city / location</b>	<b>11 Departure date</b>	<b>12 Destination city / location</b>	<b>13 Arrival date</b>
<b>14 Means of transportation</b>		<b>15 Purpose of travel</b>	

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 4/10 Report: 71/77

**2 FILER NAME** Brown, Peter (Mr.)**3 ACCOUNT #**

(Ethics Commission filers)

00000001

**4 Date**

03/06/2006

**5 Payee name**  
Faith Flowers**6 Payee address; City; State; Zip Code**14010 S. Post Oak Rd.  
Suite 1102  
Houston, TX 77045**7 Amount**  
(\$)

\$64.94

☐ Reimbursement from  
political contributions  
intended**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Flowers☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****10 Departure city / location****11 Departure date****12 Destination city / location****13 Arrival date****14 Means of transportation****15 Purpose of travel****4 Date**

06/09/2006

**5 Payee name**  
Faith Flowers**6 Payee address; City; State; Zip Code**14010 S. Post Oak Rd.  
Suite 1102  
Houston, TX 77045**7 Amount**  
(\$)

\$57.35

☐ Reimbursement from  
political contributions  
intended**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Flowers☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****10 Departure city / location****11 Departure date****12 Destination city / location****13 Arrival date****14 Means of transportation****15 Purpose of travel**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 5/10 Report: 72/77

**2 FILER NAME** Brown, Pctor (Mr.)**3 ACCOUNT #** (Ethics Commission filers)

00000001

<b>4 Date</b>  02/13/2006	<b>5 Payee name</b> FedEx Kinkos  <b>6 Payee address; City; State; Zip Code</b> 700 Rusk Street Suite 101 Houston, TX 77002	<b>7 Amount (\$)</b>  \$110.20  <input type="checkbox"/> Reimbursement from political contributions intended
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**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Printing☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>10 Departure city / location</b>	<b>11 Departure date</b>	<b>12 Destination city / location</b>	<b>13 Arrival date</b>
<b>14 Means of transportation</b>		<b>15 Purpose of travel</b>	

<b>4 Date</b>  05/15/2006	<b>5 Payee name</b> Julia's Bistro  <b>6 Payee address; City; State; Zip Code</b> 3722 Main St Houston, TX 77002	<b>7 Amount (\$)</b>  \$266.76  <input type="checkbox"/> Reimbursement from political contributions intended
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**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Campaign Meeting☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>10 Departure city / location</b>	<b>11 Departure date</b>	<b>12 Destination city / location</b>	<b>13 Arrival date</b>
<b>14 Means of transportation</b>		<b>15 Purpose of travel</b>	



**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
Schedule: 6/10 Report: 73/77**2 FILER NAME** Brown, Peter (Mr.)**3 ACCOUNT #** (Ethics Commission filers)  
00000001**4 Date**  
  
02/20/2006**5 Payee name**  
La Madeleine**6 Payee address; City; State; Zip Code**  
2047-A West Gray  
Houston, TX 77019**7 Amount (\$)**  
  
\$110.63☐ Reimbursement from  
political contributions  
intended**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Event Expenses☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****10 Departure city / location****11 Departure date****12 Destination city / location****13 Arrival date****14 Means of transportation****15 Purpose of travel****4 Date**  
  
02/23/2006**5 Payee name**  
Loretta's Floral Design**6 Payee address; City; State; Zip Code**  
1909 Blodgett St.  
Suite 1  
Houston, TX 77004**7 Amount (\$)**  
  
\$75.78☐ Reimbursement from  
political contributions  
intended**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Flowers☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****10 Departure city / location****11 Departure date****12 Destination city / location****13 Arrival date****14 Means of transportation****15 Purpose of travel**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**  
Schedule: 7/10 Report: 74/77**2 FILER NAME** Brown, Peter (Mr.)**3 ACCOUNT #** (Ethics Commission filers)  
00000001

<b>4 Date</b>  03/14/2006	<b>5 Payee name</b> Magnolia Hotel Denver  <b>6 Payee address;</b> City; State; Zip Code 818 17th Street Denver, CO 80202	<b>7 Amount</b> (\$)  \$499.23  <input type="checkbox"/> Reimbursement from political contributions intended
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**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
(See travel info)☒ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**  
Brown, Peter

<b>10 Departure city / location</b> Houston	<b>11 Departure date</b> 03/10/2006	<b>12 Destination city / location</b> Denver	<b>13 Arrival date</b> 03/13/2006
<b>14 Means of transportation</b> Hotel		<b>15 Purpose of travel</b> Planning Meetings with Denver Mayor and City Council	

<b>4 Date</b>	<b>5 Payee name</b> (see previous)  <b>6 Payee address;</b> City; State; Zip Code	<b>7 Amount</b> (\$)  <input type="checkbox"/> Reimbursement from political contributions intended
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**8 Purpose of expenditure**  
(See instructions regarding type of information required.)☒ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**  
Williams, Damon

<b>10 Departure city / location</b> Houston	<b>11 Departure date</b> 03/10/2006	<b>12 Destination city / location</b> Denver	<b>13 Arrival date</b> 03/13/2006
<b>14 Means of transportation</b> Hotel		<b>15 Purpose of travel</b> Planning Meetings with Denver Mayor and City Council	

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 8/10 Report: 75/77

**2 FILER NAME** Brown, Peter (Mr.)**3 ACCOUNT #** (Ethics Commission filers)  
00000001**4 Date**

04/05/2006

**5 Payee name**  
Massa's Restaurant Inc.**6 Payee address; City; State; Zip Code**  
1160 Smith  
Houston, TX 77002**7 Amount**  
(\$)

\$212.34

☐ Reimbursement from  
political contributions  
intended**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Campaign Meeting☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****10 Departure city / location****11 Departure date****12 Destination city / location****13 Arrival date****14 Means of transportation****15 Purpose of travel****4 Date**

04/03/2006

**5 Payee name**  
Pesce's Houston**6 Payee address; City; State; Zip Code**  
3029 Kirby Drive  
Houston, TX 77098**7 Amount**  
(\$)

\$230.00

☐ Reimbursement from  
political contributions  
intended**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Campaign Meeting☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)****10 Departure city / location****11 Departure date****12 Destination city / location****13 Arrival date****14 Means of transportation****15 Purpose of travel**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 9/10 Report: 76/77

**2 FILER NAME** Brown, Peter (Mr.)**3 ACCOUNT #** (Ethics Commission filers)  
00000001**4 Date**

06/15/2006

**5 Payee name**

Sue Davis Communications

**6 Payee address;** City; State; Zip Code4721 Hummingbird  
Houston, TX 77035**7 Amount**  
(\$)

\$500.00

☐ Reimbursement from  
political contributions  
intended**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Communications Consultant☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made** (attach additional pages if necessary)**10 Departure city / location****11 Departure date****12 Destination city / location****13 Arrival date****14 Means of transportation****15 Purpose of travel****4 Date**

02/06/2006

**5 Payee name**

US Post Office

**6 Payee address;** City; State; Zip Code8728 Beverlyhill  
Houston, TX 77063**7 Amount**  
(\$)

\$195.00

☐ Reimbursement from  
political contributions  
intended**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Postage & Mailing☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made** (attach additional pages if necessary)**10 Departure city / location****11 Departure date****12 Destination city / location****13 Arrival date****14 Means of transportation****15 Purpose of travel**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1 PAGE #**

Schedule: 10/10 Report: 77/77

**2 FILER NAME** Brown, Peter (Mr.)**3 ACCOUNT #** (Ethics Commission filers)  
00000001

<b>4 Date</b>  05/25/2006	<b>5 Payee name</b> Wiley Publishers  <b>6 Payee address; City; State; Zip Code</b> 10475 Crosspoint Blvd. Indianapolis, IA 46256	<b>7 Amount (\$)</b>  \$220.83  <input type="checkbox"/> Reimbursement from political contributions intended
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**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Printing☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>10 Departure city / location</b>	<b>11 Departure date</b>	<b>12 Destination city / location</b>	<b>13 Arrival date</b>
<b>14 Means of transportation</b>		<b>15 Purpose of travel</b>	

<b>4 Date</b>  05/15/2006	<b>5 Payee name</b> Yahoo Mail  <b>6 Payee address; City; State; Zip Code</b> 701 First Ave. Sunnyvale, CA 94089	<b>7 Amount (\$)</b>  \$19.99  <input type="checkbox"/> Reimbursement from political contributions intended
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**8 Purpose of expenditure**  
(See instructions regarding type of information required.)  
Web & Internet☐ Payment for travel outside Texas (complete boxes 9-15)**9 Name of person(s) traveling on whose behalf the expenditure for travel was made (attach additional pages if necessary)**

<b>10 Departure city / location</b>	<b>11 Departure date</b>	<b>12 Destination city / location</b>	<b>13 Arrival date</b>
<b>14 Means of transportation</b>		<b>15 Purpose of travel</b>	